

**Tippecanoe County Health Department**  
629 North Sixth Street Lafayette, IN 47901  
(765) 423-9221 ext. 1



**Application for Record of Death**

You **MUST INCLUDE** or present the following with the completed application:

- ☐ Copy of your ID such as drivers license or State ID
- ☐ Money order, cash, Visa or Mastercard. **No personal checks.**
- ☐ **Self Addressed, stamped envelope (MAIL REQUESTS ONLY)**

**Full Name at Death** \_\_\_\_\_

Date of Death \_\_\_\_\_

Place of Death \_\_\_\_\_  
(residence ,hospital, or nursing home)

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Your relationship to the person of the requested death record? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**NO PERSONAL CHECKS**

**\*FEE \$8.00 per certificate**

**\$8.00 non-refundable fee for genealogical search;  
if information found this price includes the death  
certificate**

\_\_\_\_\_ # Regular Size

.....  
Office use only

Cert.# \_\_\_\_\_ Filed \_\_\_\_\_ Book \_\_\_\_\_ Page \_\_\_\_\_